

Office of Administration  
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion  
Contractor: Nurses for Newborns  
Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Car Payment	Before 2/20 \$247.76 after 3/7 \$260.15	Mother's BP elevated and off work 1 extra month. Plans to go back early march. Also asked friends & sisters for money.
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@qa.mo.gov](mailto:emily.kraft@qa.mo.gov) by the Contractor only!

Thank you.

Authorized person requesting purchase: Jenny Uhlig

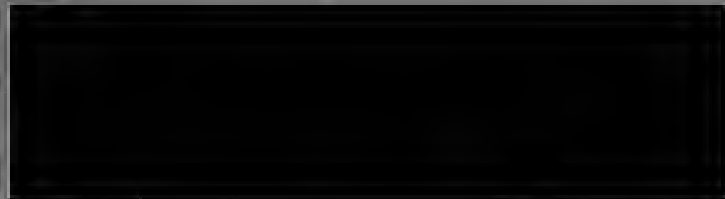
Approved for purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

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MIDWEST ACCEPTANCE CORP  
COUPON NO. 4



ACCOUNT #



PAYMENT DUE ON:

02/20/17

\$247.76

DUE AFTER:

03/07/17

\$260.10

FOR CUSTOMER USE

AMOUNT PAID

THANK YOU